2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000000317

1. Entity Name
RAE ROTHWEILER, P.A.

50047907

Principal Place of Business	Mailing Address
~~6260 N LOCKWOOD RIDGE RD~~ ~~SARASOTA, FL 34236~~	~~2801 FRUITVILLE RD 135~~ ~~SARASOTA, FL 34236~~

2. Principal Place of Business	3. Mailing Address
11022 Pine Lilly Place	2075 Fruitville Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200
City & State BRADENTON FL	City & State SARASOTA FL
Zip 34202 — Country USA	Zip 34237 — Country USA

02272005   Chg-P   CR2E034 (10/03)

4. FEI Number 65-0970790   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WENZEL, ROBERT C CPA ~~2801 FRUITVILLE RD #135~~ SARASOTA, FL 34237	Name
	Street Address (P.O. Box Number Is Not Acceptable) 2075 Fruitville Rd. # 200
	City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTHWEILER, RAE ~~6260 N. LOCKWOOD RIDGE ROAD~~ ~~SARASOTA, FL 34243~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11022 PINE LILLY PLACE BRADENTON FL 34202	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Rae Rothweiler_   3/2/05   941-953-7777   CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #